

# Violence against women: health consequences, prevention and response

**Avni Amin,**  
**Department of Reproductive Health & Research**  
**Human Reproduction Programme**  
**World Health Organization**



UNDP - UNFPA - WHO - World Bank  
Special Programme of Research, Development  
and Research Training in Human Reproduction



# Outline

1. Prevalence of violence against women
2. Health, RH & socio-economic consequences
3. Risk factors
4. Prevention & response
5. WHO's priorities

## Acknowledgements

### WHO

Claudia Garcia-Moreno  
([garciamorenoc@who.int](mailto:garciamorenoc@who.int))

Christina Pallitto  
([pallittoc@who.int](mailto:pallittoc@who.int))

### LSHTM:

Charlotte Watts  
Karen Devries

## Main Data Sources

Ongoing analyses: WHO multi-country study on women's health and domestic violence - surveys from 10 countries

Forthcoming analyses: Global Burden of disease estimates of violence against women prevalence

# Key Message 1

Violence against women is a widespread public health & human rights problem worldwide.

## Definition: violence against women (VAW)

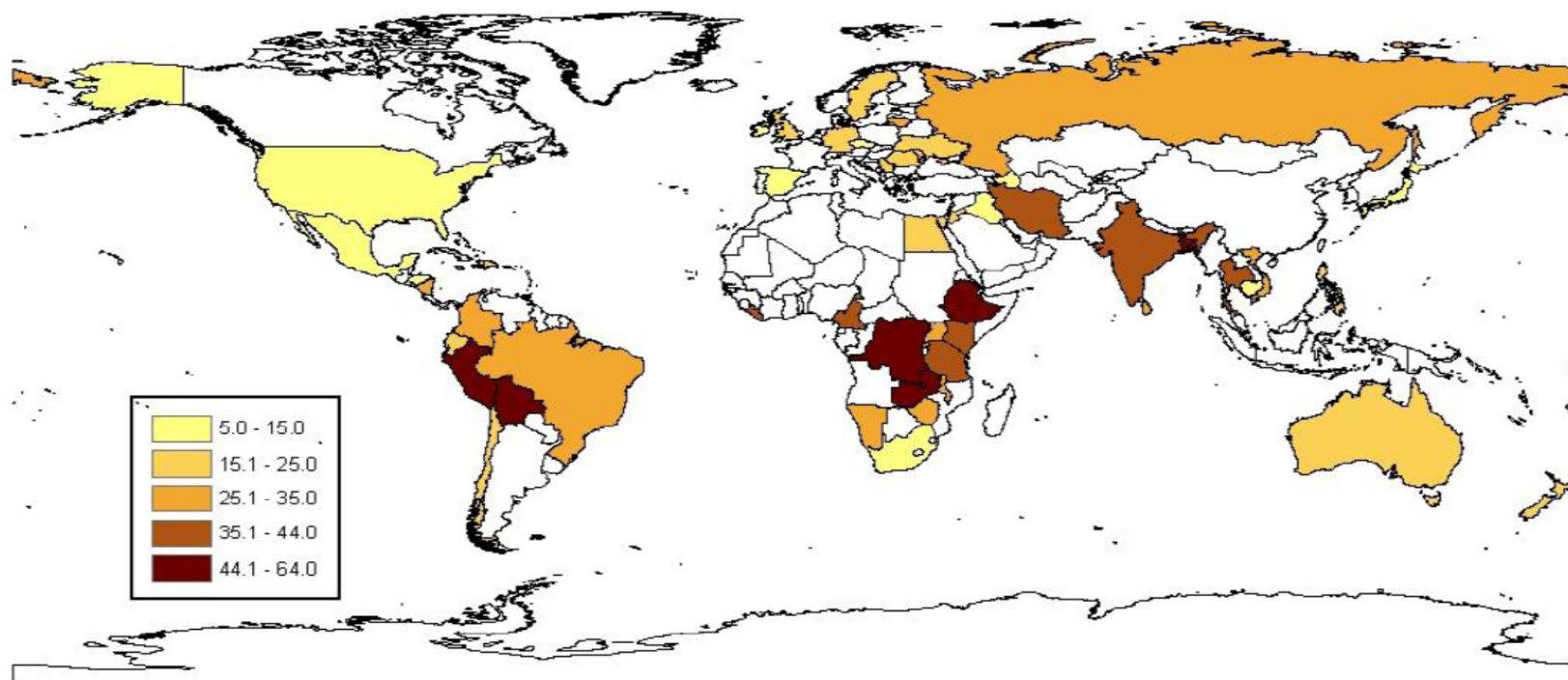
Public or private act of gender-based violence that results, or likely to result in physical, sexual or psychological harm to women; derived from unequal power relationships; includes:

- ❖ acts of physical aggression and harm
- ❖ emotional, psychological abuse & controlling behaviours
- ❖ coerced sex, sexual harassment, rape

## Different forms of GBV

- ❖ Sexual, physical, or emotional violence by an intimate partner (*intimate partner violence or IPV*) & non partners;
- ❖ Child sexual abuse & child maltreatment
- ❖ Sexual violence in conflict situations
- ❖ Sexual harassment & abuse by authority figures (e.g teachers, police officers or employers etc),
- ❖ Forced prostitution and sexual trafficking
- ❖ Child marriage
- ❖ Violence perpetrated or condoned by the state.
- ❖ Homophobic violence

# Percentage of women who have ever experienced intimate partner violence\*

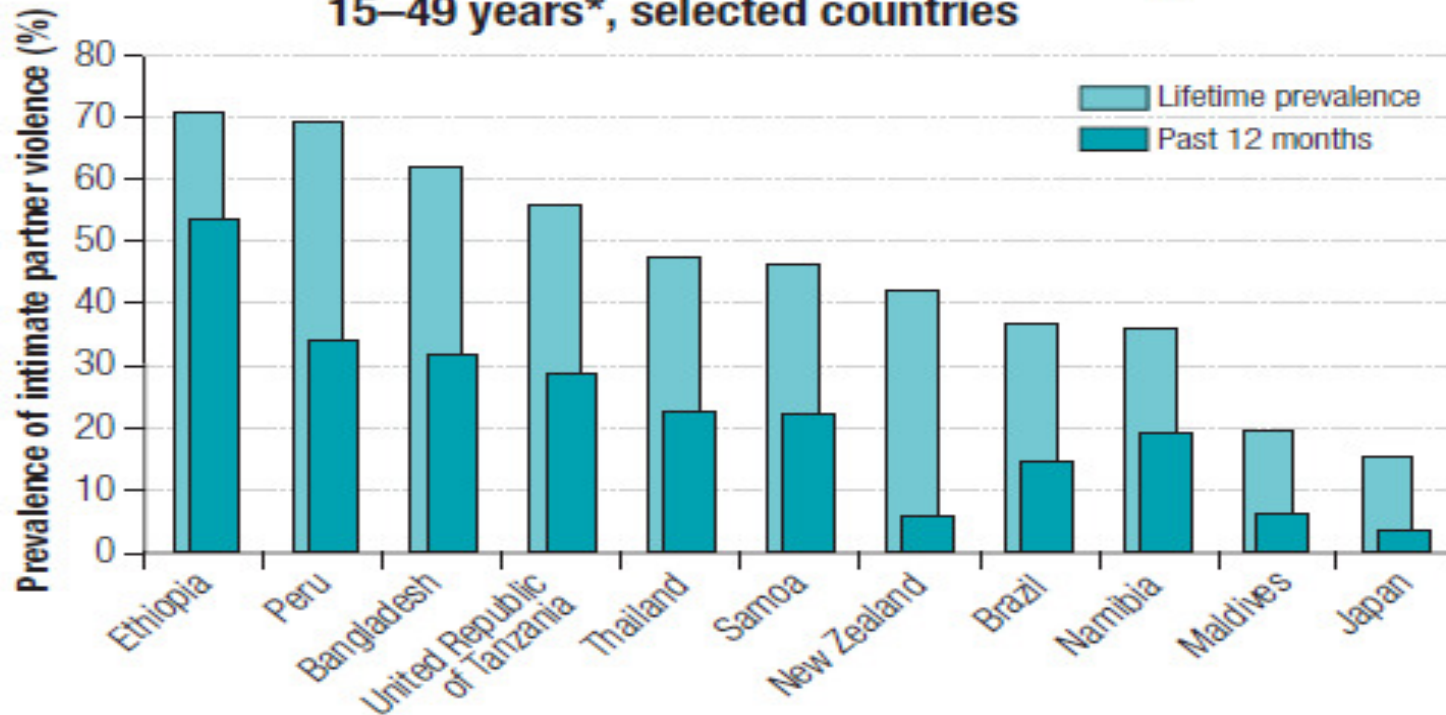


\*Results show the simple average prevalence of lifetime IPV among ever partnered / married women by country  
Only includes population based studies with samples that are representative of either the whole country, region, or a city or town, and have an age range from <20 to >48  
Any definition of IPV included, and varies by study

Source: Preventing HIV by preventing violence: the global prevalence of intimate partner violence against women and its links with HIV infection. Devries K et al 2010. Paper presented at the Vienna AIDS Conference. Forthcoming publication on the Global Burden of Disease.

# Prevalence intimate partner physical or sexual violence or both, life time & recent – WHO multi-country study

Figure 4 Prevalence of physical or sexual violence, or both, by an intimate partner among women aged 15–49 years\*, selected countries



\*In Japan and New Zealand, the age group was 18–49 years.  
 Note: Data drawn from specific provinces or cities, except for Maldives and Samoa.  
 Source: World Health Organization.<sup>18</sup>

Source: Garcia-Moreno C et al. 2005, WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses.



## Key Message 2

Violence against women has multiple health, social & economic consequences for the individual, families, communities & societies.

# VAW & multiple health consequences

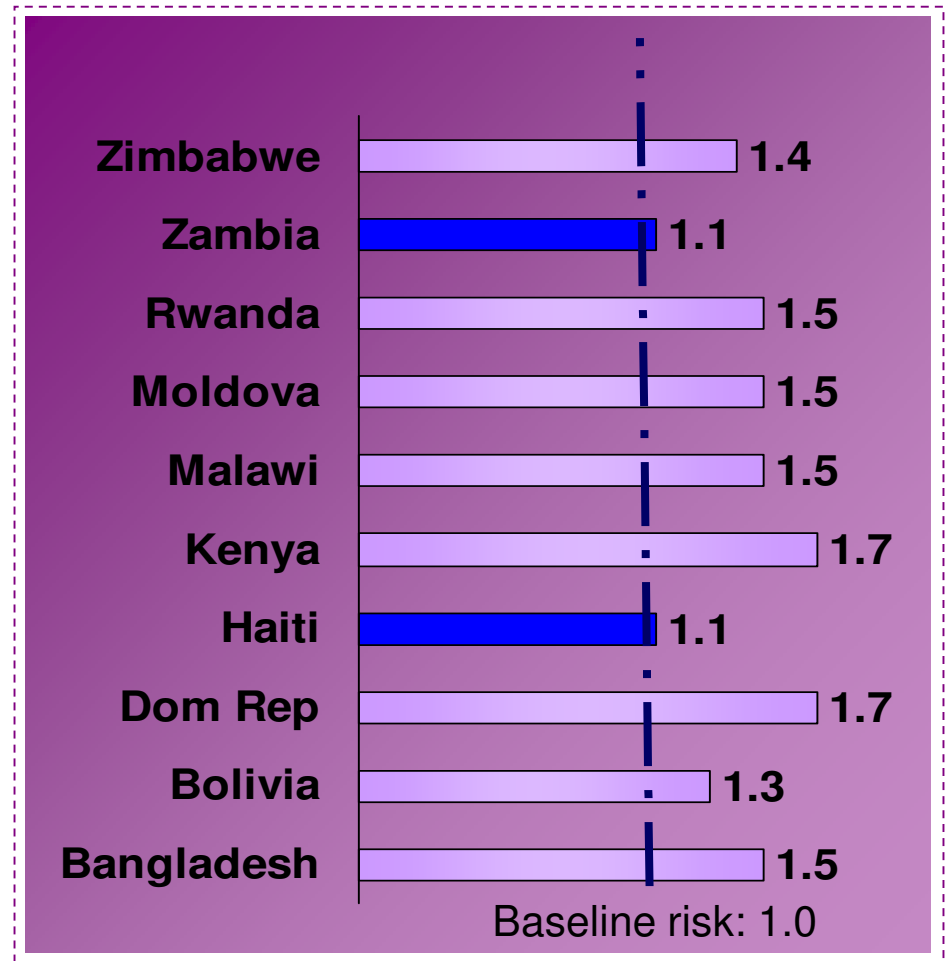
Fatal Outcomes	Non-fatal Outcomes		
<ul style="list-style-type: none"> <li>■ Femicide</li> <li>■ Suicide</li> <li>■ <b>AIDS-related mortality</b></li> <li>■ <b>Maternal mortality</b></li> </ul>	<b>Physical</b>	<b>Sexual &amp; Reproductive</b>	<b>Psychological &amp; Behavioral</b>
	<ul style="list-style-type: none"> <li>■ Fractures</li> <li>■ Chronic pain syndromes</li> <li>■ Fibromyalgia</li> <li>■ Permanent disability</li> <li>■ Gastro-intestinal disorders</li> <li>■ Obesity (children)</li> </ul>	<ul style="list-style-type: none"> <li>■ <b>Sexually-transmitted infections, including HIV</b></li> <li>■ <b>Unwanted pregnancy</b></li> <li>■ <b>Pregnancy complications/loss</b></li> <li>■ <b>Unsafe abortion</b></li> <li>■ <b>Low birth weight</b></li> <li>■ Traumatic gynecologic fistula</li> </ul>	<ul style="list-style-type: none"> <li>■ Depression and anxiety</li> <li>■ Eating and sleep disorders</li> <li>■ Drug and alcohol abuse</li> <li>■ Poor self-esteem</li> <li>■ Post-traumatic stress disorder</li> <li>■ Self harm</li> <li>■ Increased sexual risk taking</li> <li>■ Smoking</li> <li>■ Perpetrating or being victims of violence later (children &amp; adolescents)</li> </ul>

Source: Adapted from Bott, Morrison and Ellsberg, 2005

# IPV ↑ risk for unintended pregnancies

1. Graph: AOR for unintended pregnancies: women who have experienced IPV vs those who have not for 10 DHS countries

2. From 10 countries of the WHO multi-country study, the pooled AOR show that IPV ↑ risk of unintended pregnancy 1.7 fold (CI: 1.5-1.9)



Source: Hindin M, Kishor S, Ansara D, Intimate partner violence among couples in 10 DHS countries: Predictors and health outcomes. DHS Analytical Studies No 18 Calverton, MD: Macro International; 2008.

Source: Pallitto CC, Garcia-Moreno C, Jansen HAFM, Heise L, Ellsberg M, Watts C. Intimate partner violence, abortion and unintended pregnancy: Results from the WHO multi-country study on women's health and domestic violence (forthcoming)

## IPV ↑ risk for pregnancy loss

- ❖ Abortion: 3 fold increase
- ❖ Stillbirth or miscarriage: 1.5 -fold increase
- ❖ pregnancy loss in general: 2 fold increase

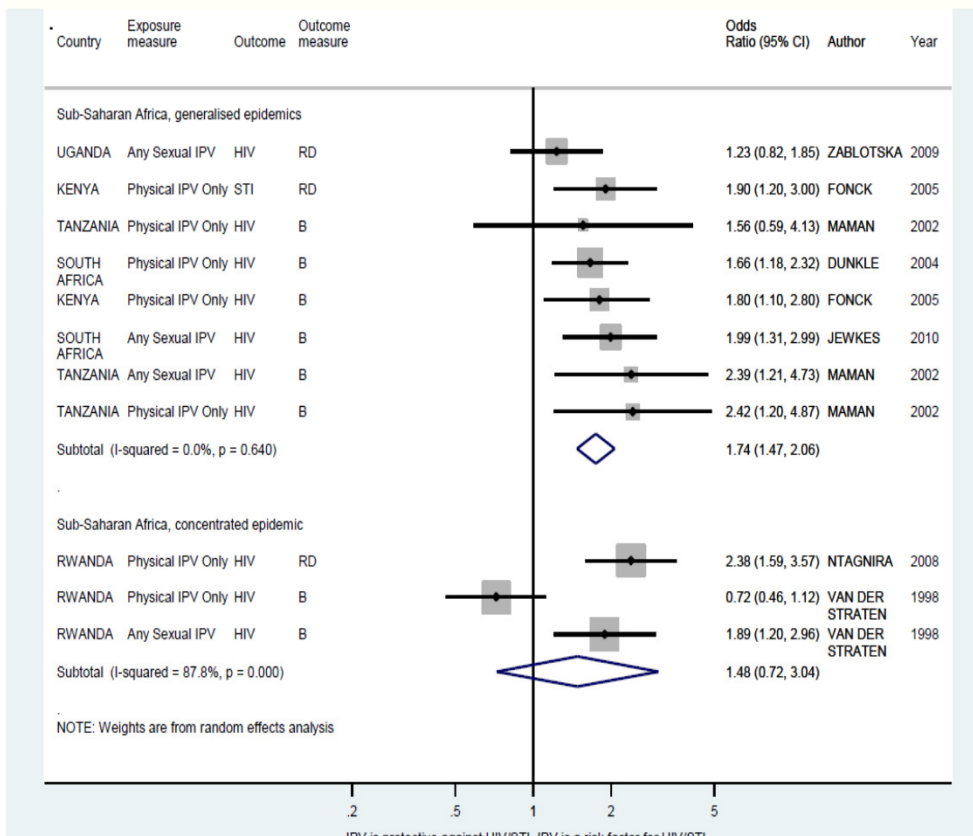
“ I was pregnant and he would always get home drunk.... My daughter was sick and I complained that he hadn't brought the medicine. He beat me very much.... I tried to escape, jumped a very high wall, and knocked on my neighbour's door. I don't know how I didn't miscarry. ”  
Woman interviewed in Brazil

Source: Garcia-moreno C and Pallitto C. Results of the WHO multi-country study on women's health and domestic violence, presented at the international RH conference in Mumbai February 15-18 2009.

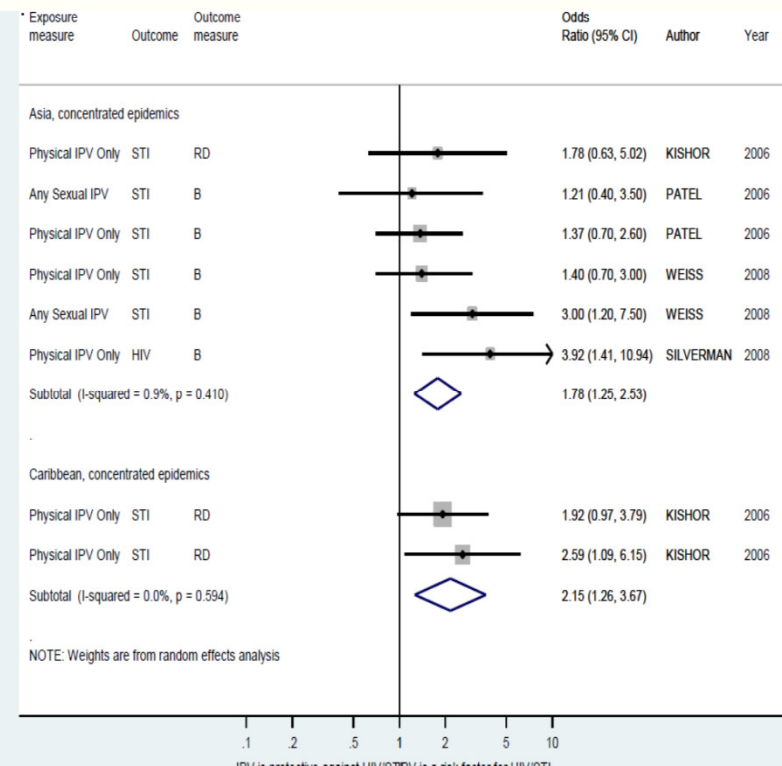
# IPV ↑ risk of STI & HIV

## Association between IPV and HIV/STI: Sub-Saharan Africa – generalised & concentrated HIV epidemic settings

Women with IPV 1.7 fold ↑ risk of STI/HIV vs those with no IPV. AOR: 1.66 (1.17-2.34)



## Association between IPV and HIV/STI: Asia & Caribbean - concentrated HIV epidemic settings

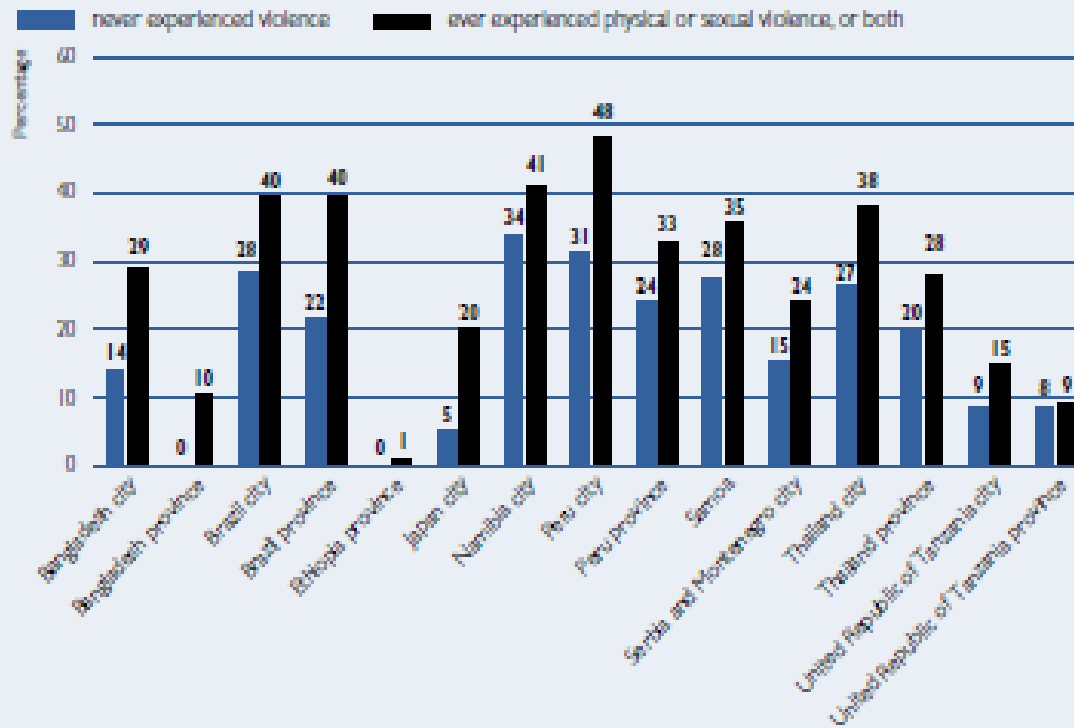


Source: Is intimate partner violence a risk factor for HIV and STI infection? A systematic review and meta-analysis. Devries K et al 2012 Forthcoming publication on the Global Burden of Disease.

# Attempted suicide among women who experience IPV

“ ... I don't feel well and I just cry. There are times that I want to be dead, I even thought of killing myself or poisoning myself and my kids, because I think if I have suffered that much, how much would my kids suffer if I am no longer there...”  
 Woman interviewed in Peru

**Figure 7.2** Percentage of women who had attempted suicide among those who had ever contemplated suicide, according to their experience of physical or sexual violence, or both, by an intimate partner, by site



“ Since I got married I was sexually harassed and abused by my brothers-in-law in many ways. Even if I am not to blame for this, my husband severely abuses me because of this. Once he almost killed me by driving a knife into my throat and injuring me deeply.”  
 Woman interviewed in Bangladesh (When

Source: Source: Garcia-Moreno C et al. 2005, WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses.

## Inter-generational & socio-economic consequences

Effects on children of women who experience abuse	<ul style="list-style-type: none"><li>• Higher rates of infant mortality</li><li>• Behavior problems</li><li>• Anxiety, depression, attempted suicide</li><li>• Poor school performance</li><li>• Experiencing or perpetrating violence as adults</li><li>• Physical injury or health complaints</li><li>• Lost productivity in adulthood</li></ul>
Effects on families	<ul style="list-style-type: none"><li>• Inability to work</li><li>• Lost wages and productivity</li><li>• Housing instability</li></ul>
Social and economic effects	<ul style="list-style-type: none"><li>• Costs of services incurred by victims and families (health, social, justice)</li><li>• Lost workplace productivity and costs to employers</li><li>• Perpetuation of violence</li></ul>

## Key Message 3

Violence against women is rooted in or a manifestation of gender inequality in society: Traditional gender norms held by women & men perpetuate violence against women.



# Risk factors: history of abuse, alcohol, norms ↑ IPV risk

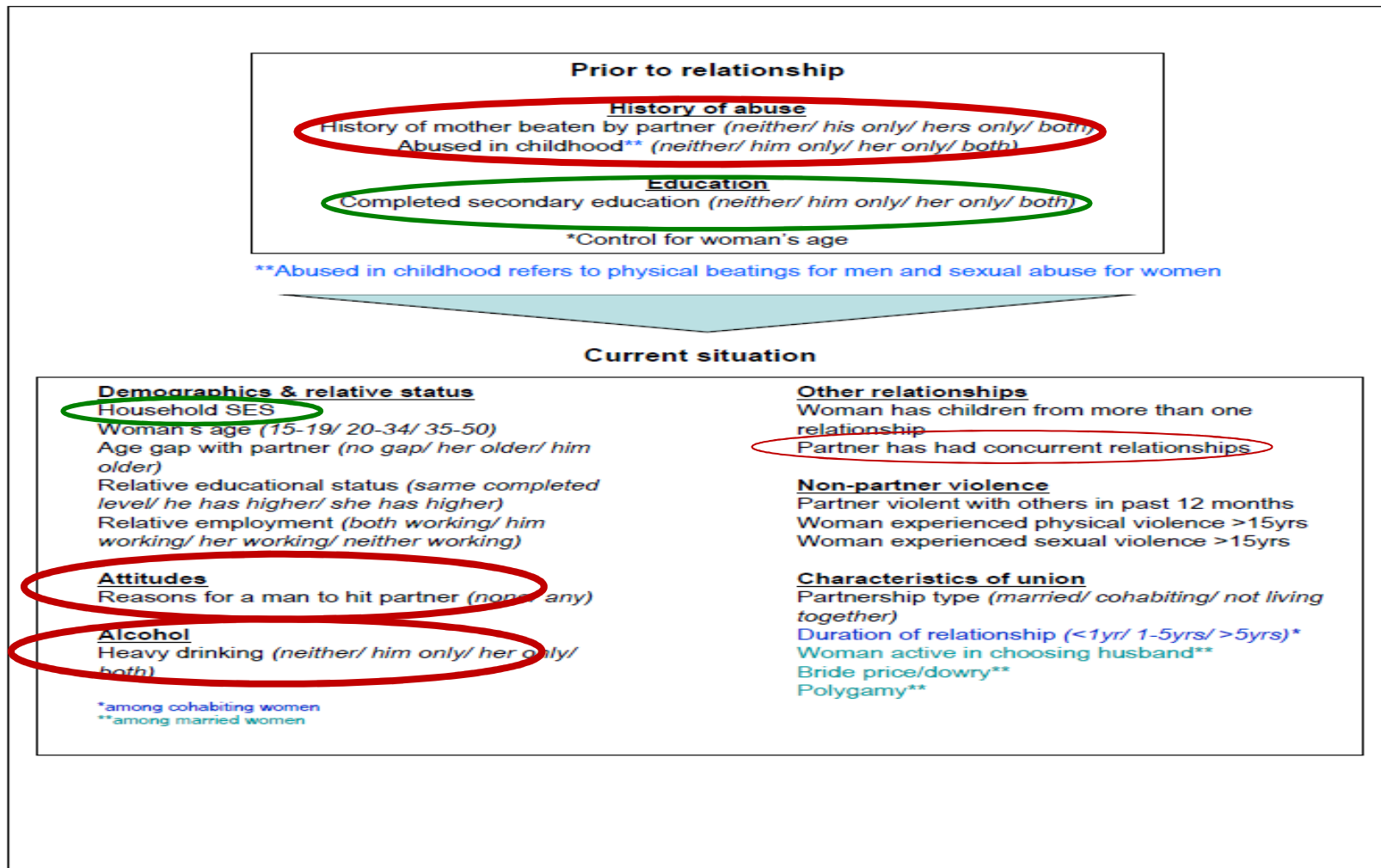


Figure 1 Predictors of current IPV - the 'relationship approach'.

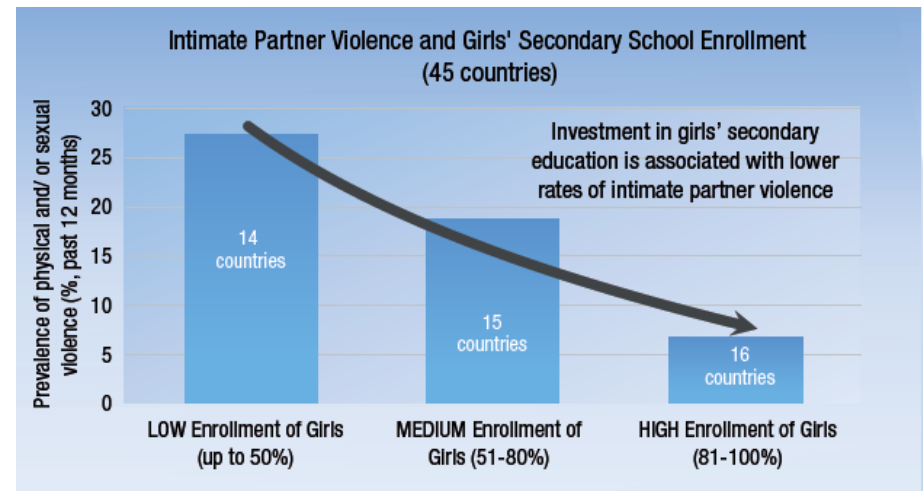
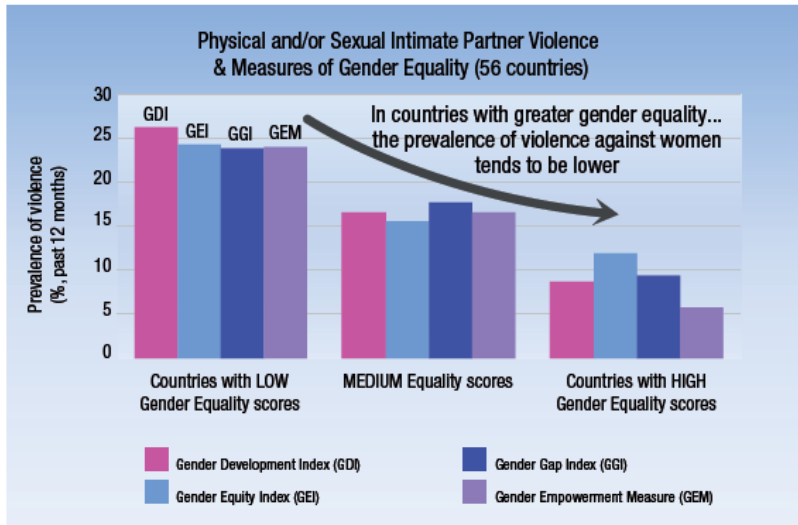
Abramsky T et al 2011, What factors are associated with recent intimate partner violence? Findings from WHO multi-country study on women's health & domestic violence. BMC Public Health

# Risk factors – Normative attitudes justifying violence

**Table 4.6** Women's attitudes towards intimate-partner violence, by site

Site	Percentage of women who agree that a man has good reason to beat his wife if:						Women who agree with:		Total no. of women
	Wife does not complete housework (%)	Wife disobeys her husband (%)	Wife refuses sex (%)	Wife asks about other women (%)	Husband suspects infidelity (%)	Wife is unfaithful (%)	One or more of the reasons mentioned (%)	None of the reasons mentioned (%)	
Bangladesh city	13.8	23.3	9.0	6.6	10.6	51.5	53.3	46.7	1603
Bangladesh province	25.1	38.7	23.3	14.9	24.6	77.6	79.3	20.7	1527
Brazil city	0.8	1.4	0.3	0.3	2.0	8.8	9.4	90.6	1172
Brazil province	4.5	10.9	4.7	2.9	14.1	29.1	33.7	66.3	1473
Ethiopia province	65.8	77.7	45.6	32.2	43.8	79.5	91.1	8.9	3016
Japan city	1.3	1.5	0.4	0.9	2.8	18.5	19.0	81.0	1371
Namibia city	9.7	12.5	3.5	4.3	6.1	9.2	20.5	79.5	1500
Peru city	4.9	7.5	1.7	2.3	13.5	29.7	33.7	66.3	1414
Peru province	43.6	46.2	25.8	26.7	37.9	71.3	78.4	21.6	1837
Samoa	12.1	19.6	7.4	10.1	26.0	69.8	73.3	26.7	1640
Serbia and Montenegro city	0.6	0.9	0.6	0.3	0.9	5.7	6.2	93.8	1456
Thailand city	2.0	7.8	2.8	1.8	5.6	42.9	44.7	55.3	1536
Thailand province	11.9	25.3	7.3	4.4	12.5	64.5	69.5	30.5	1282
United Republic of Tanzania city	24.1	45.6	31.1	13.8	22.9	51.5	62.5	37.5	1820
United Republic of Tanzania province	29.1	49.7	41.7	19.8	27.2	55.5	68.2	31.8	1450

# Gender equality & prevalence of recent IPV



ABOUT THE DATA: Prevalence data for all graphs is drawn from leading international surveys on violence against women: World Health Organization; International Violence Against Women Survey; MEASURE Demographic and Health Surveys (DHS) and the World Bank Domestic Violence Dataset and is based on physical and/or sexual violence by an intimate partner in the previous 12 months. Detailed Technical Notes on the methodology and sources are available on request at [evaw.helpdesk@unifem.org](mailto:evaw.helpdesk@unifem.org).

NOTES ON GRAPH: Secondary school enrollment is measured as the percentage of eligible girls enrolled in secondary school, based on data from the [UNESCO Institute for Statistics](http://www.unesco.org) on Female Secondary Net Enrollment Rate (2000-2009), with countries categorized from low to high enrollment rates. Prevalence data shown is the average per cent for countries in each category.

Source: UNIFEM, Investing in gender equality: Ending violence against women and girls. 2010. UN Women, New York

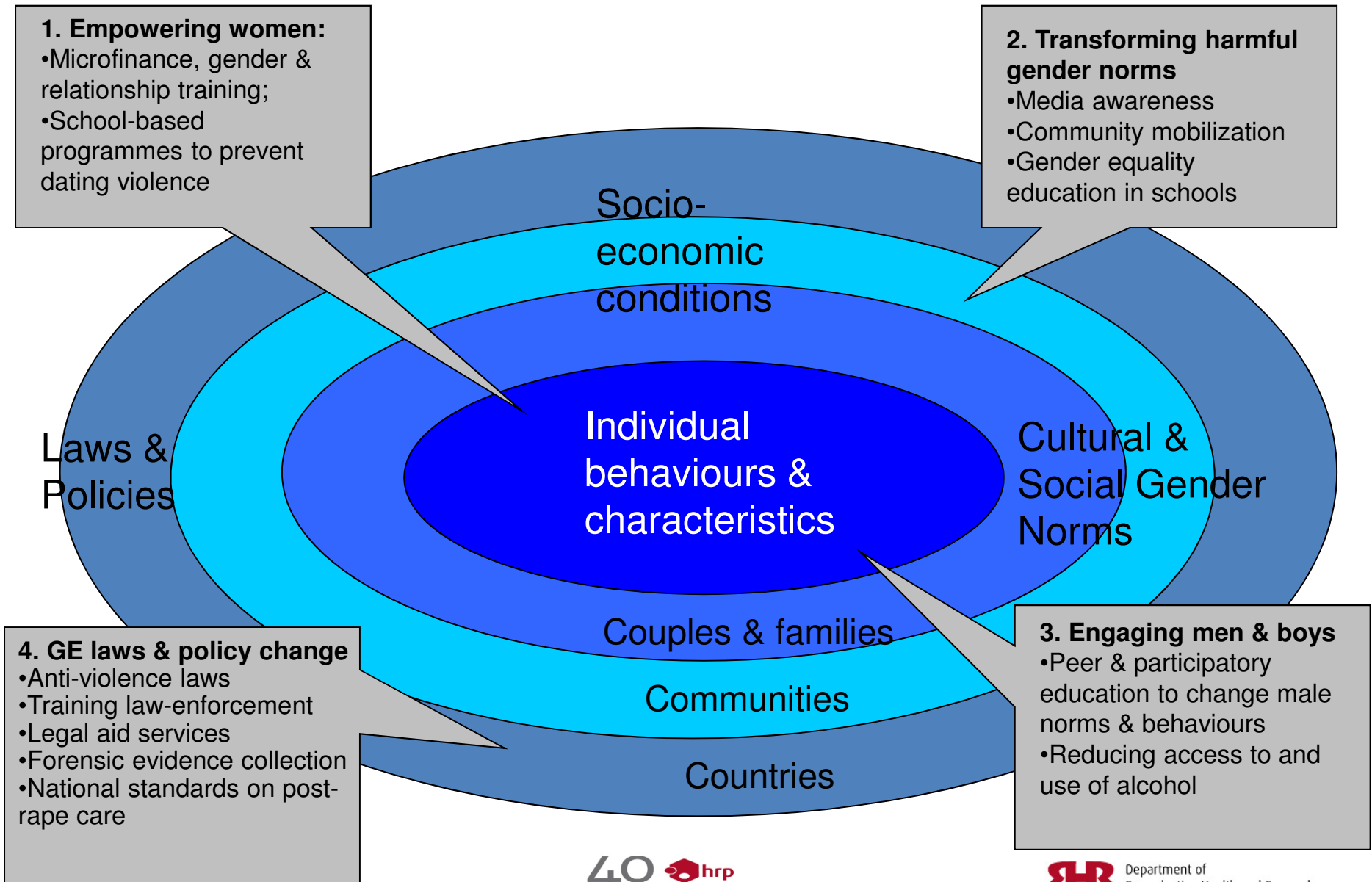
## Key Message 4

Violence against women & children can be prevented.

Prevention programmes should increase focus on :

- ❖ transforming harmful gender norms and attitudes,
- ❖ addressing childhood abuse,
- ❖ reducing harmful drinking.
- ❖ improving access to education for girls and boys

# Preventing VAW: promising or effective interventions



# Improving health sector response

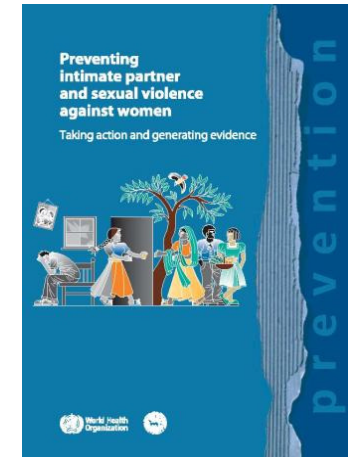
- ❖ Developing policies & protocols for treatment of survivors
- ❖ Training health staff
- ❖ Ensuring privacy & confidentiality
- ❖ Strengthening referral networks with other VAW services
- ❖ Providing emergency supplies
- ❖ Providing educational materials on VAW
- ❖ Monitoring & evaluating VAW services

# WHO priorities: 1. Research & Evidence

1. Global Burden of Disease (GBD) Study
  - ❖ Estimates of deaths, illness & disability-adjusted life years due to VAW
  - ❖ Estimates of health effects: low birth weight, HIV & STI, injuries, mental health outcomes
2. Intervention study: addressing VAW in ANC: South Africa & Mozambique
3. Ongoing analysis of WHO multi-country study on emotional abuse and health impacts and risk and protective factors for adolescents
4. Systematic reviews of violence against sex workers and STI and HIV links

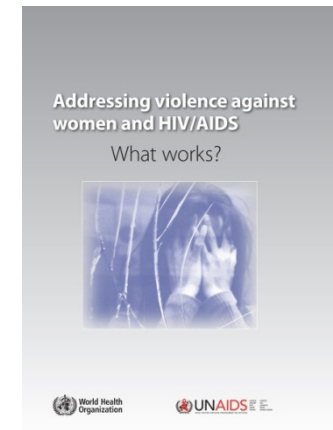
## 2. Norms and Guidelines

- ❖ Clinical & policy guidelines on health sector response VAW
- ❖ Guidance on primary prevention of IPV
- ❖ Programming tool to address VAW & HIV



## 3. Policy, capacity, programme development in countries

- ❖ Course on how to research VAW with university in Thailand
- ❖ Primary prevention of VAW workshops for East African & Western-Pacific countries





# 'Take home' points

1. Violence against women:
  - ❖ is widespread
  - ❖ has serious health consequences for women
  - ❖ has intergenerational consequences – affects children & families
  - ❖ poses considerable economic costs
2. Violence against women can and must be prevented
3. We must promote gender equality
4. Preventing VAW requires multi-sectoral responses

## For more information about WHO's work on VAW & Children

Contact:

Department of Reproductive Health & Research

- Claudia Garcia-Moreno: [garciamorenoc@who.int](mailto:garciamorenoc@who.int)
- Avni Amin: [amina@who.int](mailto:amina@who.int)
- Christina Palitto: [palittoc@who.int](mailto:palittoc@who.int)